



Planning &
Community
Development

Publication Date		Application No.	
Hearing Date		Date Filed	
Vicinity Map Attached		Filing Fee	
Ownership Certificate		Receipt No.	

APPLICATION FOR AMENDMENT TO THE DISTRICT ZONING MAP

1. Applicant's Name _____
2. Applicant's Address _____
3. Telephone (daytime) _____ E-mail _____
4. Owner's Address _____
5. Legal Description of Property to be rezoned (attach additional sheet if necessary) _____

6. Approximate Street Address _____
7. Area of Property (sq. ft. and/or acres) _____
8. Present Zoning _____ Use _____
9. Requested Zoning _____ Use _____
10. Are there any covenants of record which prohibit the proposed development? YES ☐ (attach copy) NO ☐
11. List reasons for this request (attach additional sheets if necessary): _____

12. Provide additional information showing the effect the request will have on present and future traffic flow, schools, utilities, emergency services, surrounding properties, etc. (Attach additional sheets if necessary): _____

13. Explain how off-street parking will be provided for this requested use: _____

14. List exhibits or plans submitted: _____

Applicant(s) _____ Owner(s)
Signature _____ Signature _____

Date: _____ Date: _____

If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communications pertaining to this application may be forwarded to the authorized individual.

Name of representative: _____

Complete Mailing Address, including zip code _____

Telephone (Business): _____ E-mail address: _____